

February 18, 2029

Re: HB-5044 - AN ACT CONCERNING IMMUNIZATIONS

Dear Public Health Committee Members,

As a health-care professional, parent and CT taxpayer, I am writing to express my opposition to the proposed HB-5044, which aims to mandate vaccination for all CT students, essentially stripping parents of the right to make health decisions for their own children.

All medical procedures (especially injections of animal-derived pathogens) carry health risks, and it should be each parent's individual choice to make decisions regarding accepting the risk of a potential vaccine injury vs. allowing their child to be exposed to a "vaccine preventable" illness.

A parent should be allowed to assess the risk/benefit ratio for EACH and EVERY vaccine offered to his/her child and NOT be told by the state government that choosing to DECLINE any given vaccine will result in that child being prevented from receiving education that is by law to be provided to ALL children in the state of CT. This right to education should NEVER be contingent on taking away the parental rights to make health decisions for their own children.

It is important to keep in mind that NO vaccines are 100% effective. Natural immunity provides a significantly more reliable protection than the passive immunity acquired through vaccine administration. When an individual encounters a pathogen via the natural route, the body develops two types of immunity – cell-mediated response and antibody-mediated response. Combined, they provide an effective means of protection against future reinfection by the same pathogen. Vaccines not only enter the body in an unnatural way (usually intra-muscularly), thereby bypassing the body's mechanisms of defense, but they are also ONLY capable of eliciting an antibody response. That is the reason why most vaccines require several boosters in order to achieve desired antibody levels and produce inferior and/or short-lived protection.

It is equally vital to realize that unvaccinated or under-vaccinated children are NOT carriers of any "vaccine-preventable" diseases. That is, they are NOT walking reservoirs of pathogens spreading infectious diseases and endangering those around them. They simply have not received a given vaccine (intended to make them less susceptible to the disease in question), and so are, theoretically, "unprotected" or at a higher risk of acquiring that illnesses upon exposure. However, in the absence of any disease outbreaks, the actual chances of even unvaccinated children acquiring a given illness are small. The important point is, even if those children ARE at a greater risk of "catching" a particular disease, they pose NO threat to the vaccinated children who should have the protection of the vaccine.

Moreover, in the absence of periodic blood titers, it is impossible to determine if unvaccinated children who at first glance appear unprotected may, in reality, have natural immunity to some "vaccine preventable" diseases. Many "vaccine preventable" diseases often present in an asymptomatic manner or in an "atypical" mild form and, as a result, may be under- or mis-diagnosed by pediatricians. Therefore, assessing the immune status based on the vaccine administration alone is NOT reliable. Specific blood titers are needed to confirm a child's immunity to any given disease. This is equally important for fully vaccinated children, as following the recommended vaccine schedule does NOT guarantee the desired antibody response.

Another factor to keep in mind is that NOT all vaccines on the current vaccination schedule should be indicated for all children. For example, Hepatitis B vaccine that is administered at birth is NOT needed for children born to Hepatitis-B – NEGATIVE mothers. The overwhelming majority of babies are NOT at risk of acquiring this sexually-transmitted (via blood or bodily fluids) disease, and the immunity conferred by the Hepatitis B vaccine generally wears off by the time a

child reaches 10 years of age. Likewise, Hib and Pneumococcal diseases only affect children under the age of 5 who attend daycare. They are not needed for breastfed children of stay-at-home mothers.

There are many other vaccines on the current vaccine schedule that have questionable efficacy or safety and whose risk/benefit ratio depends on the circumstances and health status of a given child. Parents should be able to make the ultimate decision regarding which of these medical procedures are suitable for their child. Requiring a parent to tamper with their child's immune system in a prescribed manner as a pre-condition to school enrollment is in direct violation of individual rights to bodily freedom.

It is equally important to address the safety aspect of routine mass vaccination. Currently, there are NO incentives for health-care professionals to report adverse drug events. Many doctors dismiss troublesome but common vaccine reactions reported to them by concerned parents as "normal" and do NOT submit reports to VAERS. Pharmaceutical companies are NOT held responsible for any harm caused by their products. New vaccines and boosters are being added to the newborn vaccination schedule without sufficient evaluation of their effect on the immature immune system. No large-scale studies are being done to compare the health of vaccinated vs. unvaccinated children. This is a dangerous experiment, made even more so by laws mandating complete adherence to the vaccination schedule, with new vaccines and boosters being continuously added.

Therefore, I urge you to vote NO on HB-5044 and, instead, direct all your efforts toward examining the current vaccination schedule and mandating placebo-controlled studies for all currently recommended vaccines to ensure that they are truly safe and effective, implementing an effective accountability-driven system of documenting adverse reactions to vaccines and holding vaccine manufacturers responsible for any vaccine-related injuries.

Sincerely,

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